

NATIONAL CREDIT UNION ADMINISTRATION  
1775 Duke Street  
Alexandria, VA 22314-3428



# **NATIONAL CREDIT UNION ADMINISTRATION**

## **2003**

# **REPORT OF OFFICIALS**

**TWO COPIES OF THIS REPORT OR THE ELECTRONIC EQUIVALENT MUST BE FILED WITH THE  
NCUA REGIONAL DIRECTOR NO LATER THAN TEN (10) DAYS AFTER THE ELECTION OF OFFICIALS.**

## TO ALL FEDERALLY INSURED CREDIT UNIONS AND ALL CORPORATE CREDIT UNIONS

Enclosed is the Report of Officials and the Security Devices Compliance Statement for the current year. The current report reflects the following major changes:

- 1) A section for reporting credit union branch information was added.
- 2) The officials' personal account number data fields were removed from the report.
- 3) The street address, city, state, etc. is now required for all credit union officials.
- 4) The introduction page of the report was changed to recognize the filing requirement of the corporate credit unions.

The above changes were made to help alleviate privacy concerns raised by some credit union officials regarding the disclosure of their personal account numbers, to assist the NCUA and the State Supervisory Authorities in their supervision efforts, and to enhance our ability to communicate expeditiously with the credit unions and their officials, especially when required for national security reasons.

In addition, we added a check box under the Main Office Location. This box should be checked if the credit union's main office address is the same as its mailing address. This eliminates the need for a credit union to reenter the same address twice.

You must send a completed copy of the Report of Officials to your NCUA Regional Office within ten (10) days after the election of the officers and committee members. As noted previously, we have added an additional section called the *Report of Credit Union Maintained Branches*. Please provide the following information when completing the form:

- 1) the names and complete home addresses (P.O. box or street address, city, state, zip code), home and work phone numbers, and available e-mail addresses for all credit union officials; and,
- 2) the complete addresses (P.O. box or street address, city, state, zip code) and phone numbers for all credit union member service branch offices staffed by employees, regardless as to the level of services provided or the number of hours it is open. Do not provide branch information for ATMs, unattended kiosk locations, or shared branches. Do not include the address for member service branch operations maintained at your headquarters' office location. Please be sure to include the address of any member service branch that is separate from the headquarters' office location. A branch name can be a specific name, number, letter, identifying acronym, or other form of identification that the credit union has assigned to the branch. The branch name field must be completed. If the branch is located in a foreign country, please complete the country data field and provide the name of the foreign state, province, or territory, etc., in the State/Province data field.

We encourage you to use the electronic version of the form, which is enclosed. **If you use the electronic version**, follow the enclosed electronic Installation and User Instructions to complete the form. When finished, please send the completed approved electronic form on disk and a printed copy of the report (in case the disk becomes damaged) to your NCUA Regional Office. Please be sure to print and retain a signed copy for your credit union's permanent files. **If you complete the paper version**, send two signed copies to your NCUA Regional Office in the enclosed envelope and retain an original signed copy for your credit union's permanent files. If the number of informational spaces on a blank page is not sufficient to provide complete information, make photocopies of any additional pages as needed. In addition, please be sure to put the credit union's Check Digit in the space provided on the form. You will find your Check Digit on the informational memorandum received with your package. Please note that although you are encouraged to use the electronic version, either filing method is acceptable.

Promptly provide written notification of any changes in the information as reported in the Report of Officials to your NCUA Regional Office. We have attached Appendix A to this letter to provide you with the address and phone number of the Regional Office servicing your state or territory.

Section 111 of the Federal Credit Union Act (12 U.S.C. 1761) and Section 741.6 of the NCUA Rules and Regulations require that a record of the names and addresses of federally insured credit union officials be filed with NCUA within 10 days after their election or appointment. The branch information is requested under the authority of Section 741.6 of the NCUA Rules and Regulations. The authority to request this report from non-federally insured corporate credit unions is cited under Section 704.1 of the NCUA Rules and Regulations. We estimate this collection of information will take an average of 1.0 hour per response, including the time for reviewing instructions, searching existing data needed, and completing the form. Send comments regarding the time estimate or any other aspects of this collection of information, including suggestions for reducing the time, to:

National Credit Union Administration  
Office of Chief Information Officer  
1775 Duke Street  
Alexandria, VA 22314-3428

AND  
TO

Office of Management and Budget  
Paperwork Reduction Project  
Washington, DC 20503

I appreciate your cooperation and assistance in making certain that the required report is submitted timely.

Sincerely,

Dennis Dollar  
Chairman

## **APPENDIX A**

### **NATIONAL CREDIT UNION ADMINISTRATION REGIONAL OFFICES**

#### **Region I (Albany)**

National Credit Union Administration  
9 Washington Square  
Washington Avenue Extension  
Albany, NY 12205  
(518) 862-7400

Connecticut	New York
Maine	Rhode Island
Massachusetts	Vermont
New Hampshire	

#### **Region II (Capital)**

National Credit Union Administration  
1775 Duke Street, Suite 4206  
Alexandria, VA 22314-3437  
(703) 519-4600

Delaware	New Jersey
District of Columbia	Pennsylvania
Maryland	Virginia

#### **Region III (Atlanta)**

National Credit Union Administration  
7000 Central Parkway, Suite 1600  
Atlanta, GA 30328  
(678) 443-3000

Alabama	Mississippi
Arkansas	North Carolina
Florida	Puerto Rico
Georgia	South Carolina
Kentucky	Tennessee
Louisiana	Virgin Islands

#### **Region IV (Chicago)**

National Credit Union Administration  
4225 Naperville Road, Suite 125  
Lisle, IL 60532-3658  
(630) 955-4100

Illinois	Ohio
Indiana	West Virginia
Michigan	Wisconsin
Missouri	

#### **Region V (Austin)**

National Credit Union Administration  
4807 Spicewood Springs Road,  
Suite 5200  
Austin, TX 78759-8490  
(512) 342-5600

Arizona	New Mexico
Colorado	North Dakota
Iowa	Oklahoma
Kansas	South Dakota
Minnesota	Texas
Nebraska	

#### **Region VI (Pacific)**

National Credit Union Administration  
2300 Clayton Road, Suite 1350  
Concord, CA 94520  
(925) 363-6200

Alaska	Montana
American Samoa	Nevada
California	Oregon
Guam	Utah
Hawaii	Washington
Idaho	Wyoming



# 2003 REPORT OF OFFICIALS

FOR NCUA USE

Federal Charter/Certificate No. \_\_\_\_\_ Check Digit: \_\_\_\_\_

Examiner

Credit Union Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

☐

CHECK BOX IF THIS  
IS A NEW ADDRESS.

City

State

Zip

Main Office Location

☐ (Check if Same as Above)

City

State

Zip

Area Code/Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Date of this year's annual meeting \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Hours \_\_\_\_\_

Manager (CEO) \_\_\_\_\_

☐ Full Time ☐ Part Time

Credit Committee: ☐ None ☐ Elected ☐ Appointed

BOARD OF DIRECTORS	SUPERVISORY & CREDIT COMMITTEES
President of the Board (Chairperson)	Supervisory Committee Chairperson
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Vice President of the Board (Vice-Chair)	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Principal Financial Officer (Treasurer)	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

BOARD MEMBER	SUPERVISORY & CREDIT COMMITTEES
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Chairperson
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**REPORT OF CREDIT UNION MAINTAINED BRANCHES  
(DO NOT INCLUDE ATM AND UNATTENDED KIOSK LOCATIONS AND SHARED BRANCHES)**

Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**STATEMENT OF COMPLIANCE – MINIMUM SECURITY DEVICES AND PROCEDURES**

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Section 748.0 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors, and has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union's offices.

President of the Board (Chairperson) \_\_\_\_\_ Date \_\_\_\_\_  
Signature